



Volunteer Emergency Contact Information

** EACH VOLUNTEER IN YOUR GROUP MUST LIST AN EMERGENCY CONTACT. THIS IS A MANDATORY FOR SAFETY PURPOSES. PLEASE WRITE LEGIBLY. **

Name of Volunteer (First, Last Name)			
Emergency Contact Information (Person to contact in case of emergency)			
First	Middle	Surname(s) / Family Name(s)	
Home Phone Number	Work Phone Number	Mobile Phone Number	Relationship of this person to volunteer
Best Time to Call:	Best Time to Call:	Best Time to Call:	
Health			
Do you currently have a medical condition that might affect your ability to do manual labor?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Give details :			
Are you taking any type of medication or undergoing any medical treatment that might affect your ability to do manual labor?			Yes <input type="checkbox"/> No <input type="checkbox"/> Give details:
Do you have any allergies (including food allergies)? Yes <input type="checkbox"/> No <input type="checkbox"/> Give Details:			

Name of Volunteer (First, Last Name)			
Emergency Contact Information (Person to contact in case of emergency)			
First	Middle	Surname(s) / Family Name(s)	
Home Phone Number	Work Phone Number	Mobile Phone Number	Relationship of this person to volunteer
Best Time to Call:	Best Time to Call:	Best Time to Call:	
Health			
Do you currently have a medical condition that might affect your ability to do manual labor?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Give details :			
Are you taking any type of medication or undergoing any medical treatment that might affect your ability to do manual labor?			Yes <input type="checkbox"/> No <input type="checkbox"/> Give details:
Do you have any allergies (including food allergies)? Yes <input type="checkbox"/> No <input type="checkbox"/> Give Details:			

Name of Volunteer (First, Last Name)			
Emergency Contact Information (Person to contact in case of emergency)			
First	Middle	Surname(s) / Family Name(s)	
Home Phone Number	Work Phone Number	Mobile Phone Number	Relationship of this person to volunteer
Best Time to Call:	Best Time to Call:	Best Time to Call:	
Health			
Do you currently have a medical condition that might affect your ability to do manual labor?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Give details :			
Are you taking any type of medication or undergoing any medical treatment that might affect your ability to do manual labor?			Yes <input type="checkbox"/> No <input type="checkbox"/> Give details:

Do you have any allergies (including food allergies)? Yes No Give Details: _____



Operation Home Delivery Volunteer Application

Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on this ____ day of ____, 20____, by ____ (the "Volunteer") in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Habitat for Humanity affiliate located in: ____, their directors, officers, employees, and agents (collectively, "Habitat").

The Volunteer desires to work as a volunteer with Habitat, and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in the Habitat offices, and living in housing provided for volunteers of Habitat.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. **Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless Habitat and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Habitat.

Volunteer understands that this Release discharges Habitat from any liability or claim that the Volunteer may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities at Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer also understands that Habitat does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

2. **Medical Treatment.** Volunteer does hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities at Habitat.

3. **Assumption of the Risk.** The Volunteer understands that the Activities at Habitat include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

4. **Insurance.** The Volunteer understands that, except as otherwise agreed to by Habitat in writing; Habitat does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

5. **Photographic Release.** Volunteer does hereby grant and convey unto Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer's Activities at Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer's Name (please print): _____

Volunteer signature: _____

Date: _____

Witness signature: _____

Date: _____

VOLUNTEER VILLAGE - CODE OF CONDUCT

This is a village for volunteer groups coming to do relief and recovery work. The Village is sponsored by **The Salvation Army**, **Habitat for Humanity** and **Project TeamWork**; three separate organizations, working together to provide a safe, comfortable base for disaster volunteers. We're glad you're coming – and will do everything we can to help you accomplish your goals as a team. Of course, we need your cooperation, so help each other out, be willing to share, and “keep the code of conduct” while living here together.

1. You have been provided with a **Volunteer I.D.** Don't lose it! **You must wear this at all times to get in or out of The Village.** If you forget your I.D., you'll be stopped at the gate and **charged \$1** to get another one and get back in. We have 24 hour security.
2. Volunteers are fed **3 meals a day**; Times are posted: 7 am, 12 noon, 6 pm. Please be sure you are showered and cleaned up for dinner. No meals are served on Sunday.
The Kitchen is off-limits, except for staff & assigned kitchen help. No shirt, no shoes, no service.
3. **Lights on at 6:00 AM. Lights out at 10:30 PM.** We ask that you are in your room and ready for bed by 11:00 pm, so you're rested for the next day. There is an **11:00 PM curfew** at the village. If you arrive past curfew, you will be expected to sign in.
4. It is dangerous to walk outside the stadium at night, so don't. This is at the request of the Biloxi Police. If you must go out (in a car) go with someone else, and be sure someone in your group knows where you're going. We have 24 hour security for a good reason – your safety.
5. Absolutely **NO EATING** or **DRINKING** in the bunk houses, or storing opened food. This breeds bugs and other critters. The Kitchen provides three meals a day and snacks on the counter. So, fill up at meal time. You may NOT use the kitchen to prepare food or snacks, or help yourself to food in the kitchen or pantry. All food is to be eaten in the dining area or common hang-out area, please.
6. If you come in after 10:30 PM, please use a flashlight and whatever you do, don't turn on the room lights. Or, if you have to get up before 6 am, then don't run hair dryers or electric shavers – be considerate of others who are sleeping and go use the common bathroom in the main facility.
7. **NO ALCOHOL, or DRUGS** are allowed on the grounds. No one who is under the influence of alcohol or drugs will be admitted to the grounds or in the Village. **NO SMOKING** in the buildings. (Use designated areas)
8. You must be covered up to walk to the bathrooms. That means no towels wrapped around your waist. Please wear clothes or a bathrobe. All soaps, shampoos, etc. will go to Lost & Found when bathrooms are cleaned each day.
9. In the **LAUNDRY ROOM**, check pockets for nails, drill bits, etc. Please try not to stuff the machines. Please check lint traps in dryers also, to prevent accidental fires or damaging the machines.
10. **NO PETS ALLOWED.**
11. We have a great sports field and running track that you can use. Have fun running your laps in the morning or the evening, or throwing a football around. In the late afternoon a high school uses the track & field, so let them have it to themselves. Any other time is open for your use until 11 pm.
12. When you leave, please clean your room. Please sweep your dorm floor & empty trash.
13. **No members of the opposite sex are allowed in bunk houses.** No males in female bunks and no females in male bunks.
14. Be Safe. Report any accidents or injuries at the Village to the Village Coordinator. And God Bless You as you work and love the people of Mississippi.





VOLUNTEER RELEASE and WAIVER OF LIABILITY

This Release and Waver of Liability (the "Release") executed on this _____ day of _____, by _____ (the "Participant") in favor of **THE SALVATION ARMY**, an ILLINOIS CORPORATION, a non-profit corporation, organized and existing under the laws of the State of Illinois, USA, its directors, officers, employees, volunteers and agents (collectively, "The Salvation Army") and **PROJECT TEAMWORK**, A FLORIDA CORPORATION, a non-profit corporation, organized and existing under the laws of the State of Florida, USA, its' directors, officers, employees, volunteers and agents (collectively, "Project TeamWork.")

I hereby freely and voluntarily, without duress, execute the Release under the following terms:

- Waiver and Release.** I, the Participant, release and forever discharge and hold harmless The Salvation Army and Project TeamWork from any claim or liability that I, the Participant, may have against The Salvation Army or Project TeamWork with respect to any bodily injury, person injury, illness, death or property damage that may result from my participation in a disaster relief operation. I also understand that The Salvation Army and Project TeamWork does not assume any responsibility or obligation to provide financial or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below.)
- Insurance.** The Salvation Army and Project TeamWork does not carry or maintain and expressly disclaims responsibility for providing any health, medical, or disability insurance coverage for the Participant. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A DISASTER VOLUNTEER.
- Medical Treatment.** Except as otherwise agreed to by The Salvation Army and Project TeamWork in writing, I hereby release and forever discharge The Salvation Army and Project TeamWork from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with The Salvation Army or Project TeamWork .
- Assumption of Risk.** I understand that my time with The Salvation Army and Project TeamWork may include activities that may be hazardous to me, including, but not limited to, cooking and food preparation activities, loading and unloading heavy equipment and materials, transportation to and from the disaster site, and working in locations damaged by the effects of a disaster. I recognize and understand that my time with The Salvation Army and Project TeamWork may, in some situations, involve inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and release The Salvation Army and Project TeamWork from all liability for injury, illness, death or property damage resulting from the activities of my time with The Salvation Army and Project TeamWork .
- Photograph Release.** I grant and convey unto The Salvation Army and Project TeamWork all right, title and interest in any and all photographic images and video or audio recordings made by The Salvation Army or Project TeamWork during my work for The Salvation Army and Project TeamWork, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
- Other.** I understand that it is my desire to further the work of The Salvation Amy and/or Project TeamWork by performing services as a Volunteer, specifically as a Volunteer in Emergency Disaster Services. I undertake to perform said services as a Volunteer without compensation, and that in performing said services; I acknowledge that I am not acting as an employee of The Salvation Army or Project TeamWork .
- I have read and understand the CODE OF CONDUCT
- It is my further understanding that The Salvation Army or Project TeamWork may ask me at any time, for any reason, to leave their premises. I must comply to their request, and make my own travel arrangements at my expense.

To express my understanding of this Release, I sign here with a witness:

Participant's Name (please print) _____

Signature of Participant _____ Date _____

Witness' Name (please print) _____

Signature of Witness _____ Date _____